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GUY P. JONES

Human Capital

The child of today must be thought of in economic terms.

A man has much in common with machines, buildings, factories, and other industrial equipment of which he makes use in the business of living. Like them, he has "construction cost" during childhood while he is being prepared for service.

The cost of being born, of food, shelter, clothing, health and recreation, education—these are some of the expenses which must be considered as part of the "construction" of the human machine—making it ready for the period at which it is expected to be a producer.

If the average family income in the United States is close to \$2,500, as charted, then the following table sets forth startling figures:

TOTAL COST TO PARENT OF REARING A CHILD TO THE AGE OF EIGHTEEN YEARS

1. Cost of being born	\$250
2. Food	2.500
3. Clothing and shelter	3,400
4. Education (minor items met by individual farmily	
purse)	50
5. Health	284
6. Recreation	130
7. Insurance	54
8. Sundries	570
	\$7,238

The above figures do not appear to include the very important major item of education. As a matter of fact, they do, because, under the heading of "shelter," there is already included the item of taxes which

covers the parents' share of the community cost of education, as well as other items furnished by the state.

While the sources of material wealth are carefully guarded, human resources are often carelessly used and wastefully squandered. It is a time-honored adage that health is not appreciated until it is lost. Just how much health is worth can now be estimated in dollars and cents.

The average American loses seven days a year through sickness. Losses from sickness and preventable deaths are enormous. More than \$6,000,000,000 could be saved annually by applying what is known about modern preventive medicine and public health. This great sum represents the value of the lives lost through preventable deaths.

The basis of the value of human life must naturally be health—without health, earnings usually drop. It is when the breadwinner of a family is removed through accident or disease and the mother and young children must become self-supporting that, first the dependents, and later the community, realize the large capital value which has been lost.—From Current Information, White House Conference on Child Health and Protection.

The supreme function of the medical profession is to educate the public in the knowledge of the laws of health and so to insure a healthy and happy community.—Arbuthnot Lane.

WESTERN BRANCH A. P. H. A. TO MEET IN SALT LAKE CITY

Doctor W. P. Shepard, who is secretary-treasurer of the Western Branch of the American Public Health Association, has written an interesting letter to the members of the branch, urging their attendance at the annual meeting which is to be held in Salt Lake City, June 12, 13 and 14. In this letter Doctor Shepard asks a number of questions, all of which will be answered at the Salt Lake City meeting. The questions are so appealing that they are certain to arouse the interest of all western public health workers, providing a strong incentive to attend the meeting and to hear the questions answered. The following questions are taken from the letter referred to:

What steps would you take if Rocky Mountain spotted fever suddenly appeared in your community for the first time? What do you know about the parasite recently developed in the U. S. P. H. S. Laboratory at Hamilton, Montana, which may control this disease?

Why is the western portion of the United States interested in tropical medicine?

Is undulant fever always traceable to milk supply, and should milk cows which show evidences of infection be destroyed?

Why was cisterna puncture nearly as successful in the treatment of meningitis as the use of anti-serum during the recent outbreak? How much of the recent western outbreak was due to Oriental importation? Why are certain portions of the intermountain states apparently endemic foci for this disease?

Is the native population of western states affected by immigration of tuberculous people? Will the tuberculosis death rate be under forty by 1940? If immunity is our chief protection against tuberculosis, what will be the effect of reducing its incidence?

Where can western health departments obtain trained public health workers; physicians, nurses, bacteriologists, etc.?

Why is the tuberculosis death rate in certain Montana cities so high? Why are 30 per cent of the patients in a certain industrial hospital in the west suffering from broken backs?

What will the Boulder Dam do to the health of western people? What provisions are being made for the housing of labor, and what type of labor will be used on this project? Is there an immigration aspect involved?

Does brushing the teeth really prevent dental caries? What is the influence of nutrition on dental caries? What is the responsibility of schools in the prevention of dental decay?

If you know the answers to all these questions do not come to Salt Lake City for the meeting of the Western Branch, A. P. H. A. If you do not know the answers to all these questions, you had better be there. Learning the answers to any three of them may be worth the price of the trip to you. The dates of the Salt Lake meeting are put over to June 12, 13 and 14.

Following are the officers of the Western Branch, American Public Health Association: Wm. C. Hassler, M.D., San Francisco, president; E. T. Hanlay, M.D., Seattle, first vice president; George Parrish, M.D., Los Angeles, second vice president; W. P. Shepard, M.D., 600 Stockton street, San Francisco, secretary-treasurer.

To be a good nurse one must be an improving woman; for stagnant waters, sooner or later, and stagnant air, as we know ourselves, always grow corrupt and unfit for use.—Florence Nightingale.

MANY ADULTS ANXIOUSLY SEEK BIRTH CERTIFICATES

With the great stimulus that has been given to travel in foreign countries, the Bureau of Vital Statistics of the State Department of Public Health has experienced a great rush in the demand for certified copies of certificates of birth. These are desired by individuals who wish to secure passports and who desire to secure certified copies of their birth certificates as evidence of their citizenship to facilitate the securing of such passports.

Individuals who were born in California since July of 1905, when the state registration of vital statistics began, have little or no trouble in securing copies of their birth certificates, but individuals who were born before that time are experiencing great difficulty in securing evidence of birth. Many such individuals have just come to a full realization of the importance of the birth certificate as a legal document, and many of them have petitioned the superior court of the county in which they were born to establish fact of birth. This is an expensive procedure for most people and it emphasises again the importance of securing the registration at time of birth of every birth that may occur.

Among the important proofs which are supplied by the evidence presented in birth certificates are proofs of age, citizenship, inheritance rights and lineage. Legal evidence regarding age is required in many places for the purpose of gaining entrance to school, securing the right to employment, to vote, to drive an automobile, to marry and to enlist in military service. Birth certificates are also of value in connection with jury duty, in criminal procedure, in the establishment of legal dependency, and other legal and social uses. Proof of citizenship is especially valuable with relation to the ownership of property, the right to hold certain offices, to enter civil service, to gain admission to certain professions, to secure exemption from military service in foreign countries, and to collect compensation from the government Birth certificates are used constantly to secure war compensation, to prove claims of widows and orphans, to secure state aid and other charities, to collect pensions, and to prove other matters where it is necessary to establish parentage. There are very few activities, in fact, where the birth certificate may not be used to great advantage by any individual, and in many cases it is an essential requirement.

With the added complications that come into the expanding social system the birth certificate takes on an added significance. It is probable, in fact, that the time is not far distant when every individual will

find it necessary to carry a copy of his birth certificate with him at all times. Many individuals, in fact, now carry small photographic copies of their birth certificates with them, at all times, along with their license to operate a motor vehicle, club membership cards and similar identifications. It may not be long before this custom becomes universal in its application.

DR. PEERS PUBLISHES ESSAYS ON TUBERCULOSIS

Dr. Robert A. Peers of Colfax, member of the State Board of Public Health since 1915, has collected most of his essays on tuberculosis in a single volume entitled "A Primer for the Tuberculous and Other Essays on Tuberculosis." These essays were written, primarily, for laymen but they lose none of their medical and scientific value through the clear, simple and direct style with which they were written. The "Primer for the Tuberculous" and the "Tuberculosis Primer for School Children" have had wide distribution throughout the United States and the primer for school children has, for many years, been distributed in the schools of California through the efforts of state agencies. It has become a standard text in this state.

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Dr. Peers was an early and successful exponent of the educational idea in the treatment as well as in the prevention of tuberculosis. He has the happy faculty of interpretation and his readers, everywhere, have gained much valuable information through his ability to explain understandingly. Public health workers and laymen who are interested in tuberculosis control, as well as members of the medical profession, should be familiar with these well-written essays from the pen of a recognized authority upon the subject of tuberculosis.

"Increasingly larger numbers of children are being placed under the supervision of private physicians, as the child health centers have demonstrated the importance of keeping children well. And it must be a great satisfaction to physicians to have their skill thus intelligently used. All too frequently in the past the physician was called in as the child was about to die. He did not tell the mother that the death of the baby was unnecessary. Instead, he gave such comfort to the mother as he could. The educational work which is being done in connection with our child health program is giving the doctors not only a chance to keep the children alive but to make them really physically fit. If physicians have not always appreciated this fact it is because they have not understood what is being done."—Grace Abbott, Chief, U. S. Children's Bureau.

LIST OF DISEASES REPORTABLE BY LAW

ANTHRAX MUMPS BERI-BERI **OPHTHALMIA NEONA-**BOTULISM TORUM CEREBROSPINAL MENIN- PARATYPHOID FEVER GITIS (Epidemic) PELLAGRA CHICKENPOX PLAGUE CHOLERA, ASIATIC PNEUMONIA (Lobar) COCCIDIOIDAL GRANU-POLIOMYELITIS LOMA RABIES (Animal) DENGUE RABIES (Human) DIPHTHERIA ROCKY MOUNTAIN DYSENTERY (Amoebic) SPOTTED (or Tick) DYSENTERY (Bacillary) FEVER ENCEPHALITIS (Epidemic) SCARLET FEVER **ERYSIPELAS SMALLPOX FLUKES** SYPHILIS FOOD POISONING **TETANUS** GERMAN MEASLES TRACHOMA TUBERCULOSIS **GLANDERS** GONOCOCCUS INFECTION*TULAREMIA HOOKWORM TYPHOID FEVER INFLUENZA TYPHUS FEVER JAUNDICE (Infectious) UNDULANT (Malta) LEPROSY FEVER MALARIA WHOOPING COUGH YELLOW FEVER MEASLES

QUARANTINABLE DISEASES

CEREBROSPINAL MENIN- POLYIOMYELITIS
GITIS (Epidemic) SCARLET FEVER
CHOLERA, ASIATIC SMALLPOX
DIPHTHERIA TYPHOID FEVER
ENCEPHALITIS (Epidemic) TYPHUS FEVER
LEPROSY YELLOW FEVER
PLAGUE

MORBIDITY *

Diphtheria.

43 cases of diphtheria have been reported, as follows: Alameda County 1, Alameda 1, Butte County 1, Fresno County 2, El Centro 3, Los Angeles County 2, Glendale 1, Los Angeles 16, San Fernando 1, San Gabriel 1, La Habra 1, Colton 1, San Francisco 11, Vallejo 1.

Scarlet Fever.

Alameda 1, Oakland 10, Butte County 1, Chico 1, Colusa County 2, Fresno County 4, Eureka 2, Bakersfield 1, Los Angeles County 3, Burbank 1, Huntington Park 1, Long Beach 2, Los Angeles 40, Pasadena 3, Redondo 6, Santa Monica 1, Hawthorne 1, Madera County 2, Monterey County 6, Salinas 1, Soledad 1, Orange County 1, Fullerton 1, Santa Ana 5, Sacramento 2, Hollister 1, San Diego County 1, San Diego 1, San Francisco 14, San Joaquin County 1, Lodi 2, Stockton 3, San Luis Obispo 1, Santa Barbara County 2, Santa Clara County 3, Palo Alto 3, Yolo County 2.

Measles.

2053 cases of measles have been reported, as follows: Alameda County 7, Alameda 29, Berkeley 33, Hayward 1, Oakland 186, Calaveras County 1, Contra Costa County 13, Concord 3, Martinez 9, Pittsburg 8, Richmond 1, Fresno County 12, Fresno 34, Reedley 1, Calexico 1, El Centro 1, Imperial 5, Calipatria 13, Kern County 1, Tehachapi 1, Kings County 2, Lake County 1, Los Angeles County 265, Alhambra 42, Arcadia 7, Avalon 2, Beverly Hills 8, Claremont 3, Compton 11, Culver City 1, El Monte 36, El Segundo 1, Glendale 76, Glendora 1, Huntington Park 32, Inglewood 16, Long Beach 135, Los Angeles 295, Monrovia 5, Montebello 5, Pasadena 31, Pomona 12, San Gabriel 11, San Marino 17, Santa Monica 23, Sierra Madre 1, Vernon 3, Whittier 4, Lynwood 8, Hawthorne 4, South Gate 19, Monterey Park 26, Maywood 13, Tujunga 1, Bell 13, Marin County 1, Ross 2, Los Banos 6, Napa 1, Orange County 38, Anaheim

^{*}From reports received on May 5th and 6th for week ending May 3d.

1, Fullerton 4, Huntington Beach 1, Orange 2, Santa Ana 12, Placer County 6, Auburn 4, Plumas County 7, Riverside County 16, Riverside 33, Sherman Institute 36, Sacramento County 7, Sacramento 9, San Bernardino County 1, Colton 7, Ontario 15, Redlands 2, San Bernardino 4, San Diego County 1, La Mesa 1, National City 18, San Diego 20, San Francisco 157, San Joaquin County 11, Stockton 41, Santa Barbara County 11, Santa Maria 9, Santa Clara County 19, Palo Alto 1, San Jose 15, Watsonville 1, Mt. Shasta City 2, Solano County 3, Sonoma County 5, Turlock 4, Tulare County 1, Ventura 9, Ojai 2, Yolo County 2, Davis 1, Winters 10, Woodland 4.

Smallpox.

50 cases of smallpox have been reported, as follows: Alameda County 1, Berkeley 2, Calexico 4, El Centro 5, Calipatria 5, Kern County 3, Bakersfield 2, Los Angeles County 2, Burbank 1, Inglewood 1, Los Angeles 9, Lynwood 1, Santa Ana 3, Riverside County 1, Hemet 1, San Francisco 1, Santa Barbara County 1, Turlock 4, Sutter County 1, Tulare County 1, Woodland 1.

Typhoid Fever.

13 cases of typhoid fever have been reported, as follows: Albany 1, Fresno County 2, Riverside County 1, Sacramento County 1, San Bernardino County 1, San Francisco 1, San Joaquin County 3, Stockton 1, Petaluma 1, California 1.**

Whooping Cough.

272 cases of whooping cough have been reported, as follows: Alameda 7, Berkeley 3, Oakland 3, Angels Camp 1, Contra Costa County 6, Martinez 1, Richmond 1, Fresno County 5, Fresno 27, Kings County 1, Los Angeles County 38, Alhambra 1, El Segundo 3, Hermosa 4, Huntington Park 7, Long Beach

13, Los Angeles 25, Montebello 2, Pomona 2, Redondo 1, Santa Monica 1, Whittier 5, Hawthorne 1, South Gate 8, Monterey County 2, Orange County 11, Anaheim 1, Fullerton 5, Orange 10, Santa Ana 2, Riverside County 5, Riverside 1, Colton 1, San Bernardino 1, San Diego County 7, San Diego 24, San Francisco 2, San Joaquin County 12, Stockton 3, San Luis Obispo County 1, Santa Barbara County 2, Palo Alto 2, Dinuba 3, Ventura County 6, Woodland 5.

Meningitis (Epidemic).

4 cases of epidemic meningitis have been reported, as follows: Alameda 1, Long Beach 1, Los Angeles 1, Santa Barbara County 1.

Poliomyelitis.

4 cases of poliomyelitis have been reported, as follows: Los Angeles 3, Red Bluff 1.

Rabies (Human).

Fresno County reported one case of human rabies.

Rocky Mountain Spotted Fever.

3 cases of Rocky Mountain spotted fever have been reported, as follows: Lassen County 1, Modoc County 2.

Undulant Fever.

San Francisco reported one case of undulant fever.

Food Poisoning.

Los Angeles reported 20 cases of food poisoning.

COMMUNICABLE DISEASE REPORTS

Disease	1930				1929			
	Week ending			Reports for week ending	Week ending			Reports for week ending
	April 12	April 19	April 26	May 3 received by May 6	April 13	April 20	April 27	May 4 received by May 7
Actinomycosis	0	0	0	0	0	0	0	1
Chickenpox	668	361	516	446	699	558	591	526
Coccidioidal Granuloma	1	0	1	0	1	1	0	0
Diphtheria	70	48	52	43	55	56	55	55
Dysentery (Amoebic)	, o	2	3	6	0	1	1	0
Dysentery (Bacillary)	Ö	ō	4	ĭ	i	7	9	i
Encephalitis (Epidemic)	2	Ö	2	o l	î	1	2	2
Erysipelas	21	13	21	6	14	25	31	15
Food Poisoning	i	2	3	20	0	1	0	10
German Measles	15	11	24	21	45	40	44	21
Conococcus Infection	156	113	120	85	125	89	154	91
lookworm	0	0	0	2	0	0	0	2
nfluenza	23	18	22	15	74	60	49	26
eprosy	1	0	0	0	1	3	0	- 0
deprosy	2	1	ő	3	Ô	2	i	2
Malaria	2,695	1,828	2,617	2,053	59	115	106	101
Measles Meningitis (Epidemic)	11	13	2,017	2,000	35	22	32	24
	1,007	534	762	846	582	602	550	518
Mumps	0	0	0	0	1	002	1	2
Phthalmia Neonatorum	2	1	ő	1	2	ő	Ô	1
aratyphoid Fever	2	3	. 2	1	2	1	2	1
Pellagra	62	40	54	48	71	74	166	64
neumonia (Lobar)	3	0	3	4	0	1	2	1
Poliomyelitis		0	0	1	0	0	ő	1
Rabies (Human)	10	18	20	20	32	9	16	11
Rabies (Animal)	0	0	0	3	0	0	0	11
Rocky Mt. Spotted Fever			156	133	529	485	492	384
carlet Fever	165	151	98	50	529	94	112	68
mallpox	151	85		132		180	195	157
Syphilis	194	178	144		152	2	3	
Cetanus	1 5	9	$0 \\ 2$	1	8	3	4	1 3
rachoma			2	A COLUMN TO SHARE THE PARTY OF	0	0	0	0
richinosis.	7	954		194	237	222	173	210
Tuberculosis	220	254	188	184	237	6	10	10
Typhoid Fever	6	16		13	DESCRIPTION OF THE PARTY OF THE	0	10	10
Indulant Fever	0	171	3	070	325	202	240	
Whooping Cough	271	171	283	272	323	323	342	291
Totals	5,772	3,875	5,121	4,416	3,108	2,984	3,144	2,588



Measles and mumps continue to run on high levels.

Food poisoning outbreaks seem to occur more frequently.

Smallpox dropped to 50 cases reported last week.

Rocky Mountain spotted fever has made its seasonal appearance with 3 reported cases.



^{**}Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.